

DEPARTMENT OF THE ARMY  
UNITED STATES ARMY DENTAL ACTIVITY  
Fort Huachuca, Arizona 85613-7040

DENTAC Memorandum  
No. 40-3

28 September 1998

Medical Services  
CREDENTIALS

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1. HISTORY. This is a revision of an existing publication.
2. PURPOSE. This memorandum establishes procedures and guidelines for granting dental clinical privileges to dental staff members, evaluation of paraprofessional personnel, as well as continual review of privileges granted and performance of persons providing patient care.
3. SCOPE. Applicable to all privileged providers under the operational control of USA DENTAC, Fort Huachuca, Arizona.
4. REFERENCES.
  - a. AR 40-68, Quality Assurance Administration, Nov 89.
  - b. FY87 National Defense Authorization Act (PL99-660).
  - c. Arizona Statute 36-445.01.
5. RESPONSIBILITIES.
  - a. The commander will have final reviewing authority over all clinical privileges granted, revoked, or reinstated.
  - b. The Credentials Chairman will do the following:
    - (1) Ensure that the Credentials Committee convenes at least quarterly or as needed.
    - (2) Ensure appropriate individual counseling, group or institutional education is provided as a result of any and all credentials investigations.
  - c. QI Coordinator will do the following:

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This memorandum supersedes DENTAC Memorandum 40-68-10, 1 Sep 95

(1) Maintain all credentials files for credentialed providers, including contract personnel, who provide services at the DENTAC.

(2) Investigate all applications for clinical privileges, validate all data submitted by applicants for clinical privileges, and provide information and recommendations to the Credentials Committee.

(3) Maintain the provider activity profile as directed by the QI chairman.

(4) Notify all providers of their credentials status.

(5) Maintain minutes and related documents of the Credentials Committee.

(6) Coordinate credentialing actions with the Office of the Staff Judge Advocate as required.

d. Department/Service Chiefs will do the following: Conduct evaluations as necessary on all assigned practitioners, forward results to Credentials Chairman for inclusion in PCF and review by Credentials Committee.

e. Individual is responsible for the following:

(1) Prepare DA Form 5440A (Delineation of Privileges Record), DA Form 5440-1-R (Delineation of Privileges-Dentistry), and DA Form 5754-R (Malpractice and Privileges Questionnaire). If not on file, prepare DA Form 4691-R (Initial Application for Clinical Privileges).

(2) Provide the Credentials Chairman with all documentation of additional training/certification pertinent to the credentialing. Submit timely documentation of Continuing Dental Education.

(3) Alert Credentials Chairman of impending change of station, separation, retirement, or resignation from service or contract with the AMEDD.

(4) Prepare written requests for expanded privileges based on training/experience, proper licensure, or documented competency and submit to the Credentials Committee.

6. GENERAL.

a. For purposes of simplicity, discussion of credentialing and the Credentials Committee will be combined (unless otherwise indicated).

b. The granting of clinical privileges will be based on the individual's current physical and mental competence. Clinical privileges will be delineated for all health care practitioners who direct or primarily determine the course of patient therapy within or under contract to the Army Medical Department (AMEDD) to include contract personnel.

c. Licensure. Dentists and hygienists are required to maintain a current, valid, unrestricted license.

(1) Copies of current licensure for privileged personnel will be maintained in the Practitioner's Credentials File (PCF).

(2) For those personnel not requiring privilege delineation (hygienists) a copy of the current license will be maintained by the Quality Improvement Coordinator.

(3) Unlicensed personnel will be supervised per para 9-1, AR 40-68.

d. Basic Cardiac Life Support (BCLS)/Advanced Cardiac Life Support (ACLS). All personnel who provide patient medical care will be required to maintain current BCLS. All personnel credentialed with conscious sedation (intravenous sedation) will be required to maintain ACLS.

e. Bloodborne Pathogens Training. All health care providers will have annual Bloodborne Pathogens training.

f. Non-physician health care practitioners whose primary duty involves activities at the direction of a dentist do not require individual credentials. An annual performance evaluation will be performed for every person providing patient care who is not subject to the privileging process.

(1) This annual review will address the ages of patients serviced, if appropriate.

(2) Annual licensure/certification will be verified during this performance evaluation.

g. No individual may be assigned to perform professional duties unless qualified by education, training, and experience to perform those duties.

h. Practitioners who wish to be credentialed at the MEDDAC must prepare credentialing packet and submit to the MEDDAC Credentialing Committee.

i. In the case of an emergency, regardless of his department or staff status or limitations, the practitioner attending a patient will be expected to do all in his power to save the life of the patient, including the calling of such consultation as may be available. An emergency here is defined as a condition in which the life of the patient is in immediate danger and in which any delay in administering treatment would increase the danger. If a patient has a health care directive or living will refusing life-sustaining treatment and the healthcare provider is aware of this document, that knowledge and the willful disregard of that directive may expose the health care provider to liability for battery. If such a document exists, a health care provider without knowledge of such a document will not be liable for prolonging life.

## 7. PROCEDURES.

### a. Privileging process.

(1) Initial Application for Clinical Privileges. Applicants will fill out DA Form 4691-R, Initial Application for Clinical Privileges, upon entry into the AMEDD at the Dental Treatment Facility (DTF) of initial appointment. Practitioners must provide supporting documentation, such as proof of licensure, certification, documentation from dental school, etc. Civilian practitioners must also supply documentation on their performance. This includes privileges granted in the most recent employment. The Credentials Coordinator will verify information submitted by the following:

(a) Request a National Practitioners Data Bank (NPDB) query on all practitioners.

(b) Contact references who are knowledgeable concerning applicant's competence and ethical character.

(c) Verification of licensure, certification and registration status.

(2) An initial applicant must also present a DA Form 5440-1-R, Delineation of Privileges-Dentistry, indicating privileges requested; DA Form 5440A-R, Delineation of Privileges Record and DA Form 5754-R, Malpractice and Privileges Questionnaire.

(3) Request for clinical privileges for the commander will be forwarded through the Credentials Committee to the Great Plains Regional Dental Command commander for approval.

(4) Reserve Component (RC) practitioners will follow procedures outlined in this regulation for defined privileges when a PCF has not been previously established. When a true copy of the PCF is on file at the facility, the RC personnel may

request privileges when the following documents have been provided:

(a) The RC commander provides evidence of current licensure and current competency.

(b) Evidence of periodic evaluation of clinical privileges is in the PCF.

(5) Subsequent Applications for Clinical Privileges. An arriving practitioner at this DENTAC, who has in his/her credentials file a completed DA Form 4691-R, Initial Application for Clinical Privileges, will submit to the Credentials Committee DA Form 5440-1-R, Delineation of Clinical Privileges-Dentistry, in his/her specialty field with inclusions or exclusions according to training and experience. Subsequent applications will include DA Form 5440A-R, Delineation of Privileges Record and DA Form 5754-R, Malpractice and Privileges Questionnaire. The committee will record its decision on DA Form 5440A-R. Copies of above forms will remain in practitioner's credentials file.

(6) Evaluation of Clinical Privileges. DA Form 5441-R, Evaluation of Privileges; DA Form 5374-R, Performance Assessment; and supporting documents will be completed at least every 2 years to reflect competence. This should address demonstrated medical knowledge, technical skills, clinical judgment, patient management performance, administration competence, health and fitness, maturity and emotional stability, rapport with patients, peers and subordinates, and sense of responsibility/leadership. The provider activity profile will be used to record appointments, board certification, letters of appreciation, etc.

(7) Performance Review. The review of clinical privileges will be continuous through QI functions and through other reasonable indicators of continuing qualifications. A provider activity profile will be maintained in the credentials file for each practitioner. The following procedures will apply:

(a) Number of hours of continuing medical education will be maintained on an annual basis.

(b) Current BCLS and ACLS will be maintained as appropriate.

(c) Current licensure status will be maintained.

(d) All malpractice actions filed identifying provider's involvement will be posted.

(e) Dental record deficiencies will be added.

(f) Instances of inappropriate drug utilization as determined by peer review will be annotated.

(g) Incidents occurring in the DENTAC as a result of a provider error will be annotated.

(h) Validated patient complaints/compliments concerning providers will be annotated.

(8) Inadequate Performance. When instances of inadequate provider performance are identified through peer review and confirmed by the Credentials Chairman (see para 5a(8)), the provider activity profile will be annotated and the provider notified by the Credentials Chairman.

(9) The profile is maintained in the QI office and is available for review by the provider at any time.

(10) Untoward Outcomes. Significant untoward outcomes may warrant summary action by the Credentials Committee (see AR 40-68, para 4-9(a)). Other untoward outcomes will be reviewed to determine if Credentials Committee action is required. If warranted, the provider's privileges will be placed in abeyance until an investigation is completed.

(a) Summary Action. Action will be taken promptly to withdraw clinical privileges when there is reasonable cause to doubt the practitioner's competency or when there may be concern for patient safety.

(b) Abeyance. The practitioner's clinical privileges will be placed in abeyance until an investigation of the situation has been conducted. Time limits and method of investigation as outlined in AR 40-68, chapter 4, will apply.

(11) Significant practitioner unprofessional conduct (as outlined by AR 40-68, para 4-9k(5)) may warrant either summary or routine credentialing action.

(12) Appeals Process. The appeals process is outlined in AR 40-68, chap 4-10.

(13) Due Process. All credentialing decisions are made in good faith with concern for due process. Clinical privileges, while subject to review biennially, may be reviewed at any time and are monitored through the QI coordinator. Supervisors (or other dental staff members) may request a review by the Credentials Committee of the privileges of a health care provider by submitting in writing the results of an audit, the report of an incident, or other evidence or practices that do not meet professional standards. However, changes to a member's credentialing status, i.e., limiting, curtailing, or suspending, will be made only in accordance with procedures specified in AR

40-68, chapter 4-9. Each affected member will be afforded the opportunity to appear before the Credentials Committee or submit in writing any information felt pertinent to the defense of his/her credentials.

b. Confidentiality. All proceedings, records, and materials prepared in connection with peer review or credentialing actions shall be confidential and not submitted to discovery by law, except by the Board of Dental Examiners or by an individual healthcare provider in actions against the DENTAC. No member of the staff participating in credentialing or peer review activities may be subpoenaed to testify in a judicial or quasi-judicial proceedings if such subpoena is based solely on such

activities, nor is any member liable for civil action for decisions made in good faith.

The proponent of this publication is the Office of the Commander. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Dental Activity, ATTN: DSBJ-CDR, Fort Huachuca, AZ 85613-7040.
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//Original Signed By//

HARLAND G. LEWIS, JR.  
Colonel, Dental Corps  
Commanding

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